

COMMITTEE'S REPORT

(filed by committees that support or oppose one or more candidates and/or propositions and that are not candidate committees)

1. Full Name and Address of Political Committee

Louisiana Association of Health Plans PAC
2325 Weymouth Drive, Suite M
Baton Rouge, LA 70809

OFFICE USE ONLY

0503879

PAC
Monthly
8/3

2. Date of Primary N/A

This report covers from July 1, 2005 through July 31, 2005

3. Type of Report:

- ☐ 180th day prior to primary ☐ 40th day after general
☐ 90th day prior to primary ☐ Annual
☐ 30th day prior to primary ☒ Monthly
☐ 10th day prior to primary ☐ Amendment to prior report
☐ 10th day prior to general

4. All Committee Officers (Including Chairperson, Treasurer, if any, and any other committee officers):

a. Name

b. Position

c. Address

Gil Dupré

Chairperson

2325 Weymouth Drive, Suite M, Baton Rouge, LA 70809

5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if necessary):

a. Name & Address of Candidate/Description of Proposition

b. Office Sought

c. Political Party

d. Support/Oppose

6. Is the Committee supporting the entire ticket of a political party? ☐ Yes ☒ No If "yes", which party?

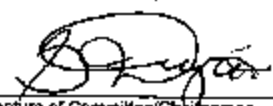
7. a. Name of Person Preparing Report

Gil Dupré

b. Daytime Telephone (225) 927-2774

8. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 3rd day of August, 2005


Signature of Committee Chairperson

225-927-2774
Daytime Telephone

Signature of Committee Treasurer, if any

Daytime Telephone

2005 AUG 4 PM 4:04
RECEIVED
LOUISIANA CAMPAIGN FINANCE DISCLOSURE ACT

5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if necessary)

a. Name & Address of Candidate/Description of Proposition

b. Office Sought

c. Political Party

d. Support/Oppose

Dan Morish Campaign Fund
3042 Englewood Drive
Jennings, LA 70546

State Representative

Democrat

Support

SUMMARY PAGE

| RECEIPTS | This Period |
|--------------------------------------------------|-------------|
| 1. Contributions Received (Schedule A-1) | 0.00 |
| 2. In-kind Contributions Received (Schedule A-2) | 0.00 |
| 3. Campaign paraphernalia sales of \$25 or less | 0.00 |
| 4. TOTAL CONTRIBUTIONS (Lines 1 + 2 + 3) | 0.00 |
| 5. Other Receipts (Schedule A-3) | 0.00 |
| 6. Loans Received (Schedule B) | 0.00 |
| 7. Loan Repayments Received (Schedule D) | 0.00 |
| 8. TOTAL RECEIPTS (Lines 4 + 5 + 6 + 7) | 0.00 |

| DISBURSEMENTS | This Period |
|----------------------------------------------------------|-------------|
| 9. General Expenditures (Schedule E-1) | 0.00 |
| 10. In-Kind Expenditures (Schedule E-2) | 0.00 |
| 11. Contributions made to Candidates (Schedule E-3) | 500.00 |
| 12. TOTAL EXPENDITURES (Lines 9 + 10 + 11) | 500.00 |
| 13. Other Disbursements (Schedule E-4) | 0.00 |
| 14. Loan Repayments Made (Schedule B) | 0.00 |
| 15. Funds Loaned (Schedule D) | 0.00 |
| 16. TOTAL DISBURSEMENTS (Lines 12 + 13 + 14 + 15) | \$500.00 |

| FINANCIAL SUMMARY | Amount |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 17. Funds on hand at beginning of reporting period <small>(Must equal funds on hand at close from last report or -0- if first report for this committee)</small> | 4,648.18 |
| 18. <i>Plus</i> total receipts this period <i>(less in-kind contributions received)</i> <small>(Line 8 above minus line 2 above)</small> | 0.00 |
| 19. <i>Less</i> total disbursements this period <i>(less in-kind expenditures)</i> <small>(Line 16 above minus line 10 above)</small> | 500.00 |
| 20. Funds on hand at close of reporting period | 4,148.18 |

Form 202, Rev. 3/98, Page Rev. 3/88.

SCHEDULE A-1: CONTRIBUTIONS RECEIVED (other than In-Kind Contributions)

The following information must be provided for all contributions received by the committee during this reporting period, except for in-kind contributions, whether received from a political committee or some other person or entity. Contributions made by the committee are reported on SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check "yes" if the contributor is a political committee and "no" if not. For anonymous contributions, see SCHEDULE F. Totals and subtotals at bottom of the page are optional. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

| 1. Name and Address of Contributor | 2. Contributions this Reporting Period | | 3. Total this Year |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------|--------------------|
| | a. Date(s) | b. Amount(s) | |
| Vantage Health Plan 909 North 18th Street, Suite 201 Monroe, LA 71201 POLITICAL COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 100.00 |
| Humana Health Benefits Plan One Galleria Blvd., Suite 850 Metairie, LA 70001 POLITICAL COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 1,000.00 |
| Blue Cross and Blue Shield 5525 Reitz Avenue Baton Rouge, LA 70809 POLITICAL COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 500.00 |
| Health Associates, LLC 4637 Jamestown Ave. Baton Rouge, LA 70808 POLITICAL COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 250.00 |
| Peoples Health Network 200 West Esplanade Ave. Suite 600 Kenner, LA 70065 POLITICAL COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 2,500.00 |
| Aetna 11675 Great Oaks Way Alpharetta, GA 30022 POLITICAL COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 1,000.00 |
| MultiPlan 2140 8th Street Mandeville, LA 70471 POLITICAL COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 1,000.00 |
| 4. SUBTOTAL (this page) | | | \$6,350.00 |
| 5. TOTAL (complete only on last page of this schedule) | | | |
| 6. CONTRIBUTIONS FROM POLITICAL COMMITTEES ONLY: | | | |
| SUBTOTAL (this page) <u>0.00</u> | | TOTAL (complete only on last page of this schedule) <u>0.00</u> | |

SCHEDULE A-1: CONTRIBUTIONS RECEIVED (other than In-Kind Contributions)

The following information must be provided for all contributions received by the committee during this reporting period, except for in-kind contributions, whether received from a political committee or some other person or entity. Contributions made by the committee are reported on SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check "yes" if the contributor is a political committee and "no" if not. For anonymous contributions, see SCHEDULE F. Totals and subtotals at bottom of the page are optional. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

| 1. Name and Address of Contributor | 2. Contributions this Reporting Period a. Date(s) | b. Amount(s) | 3. Total this Year |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------|--------------------|
| Health Plus of Louisiana P.O. Box 32625 Shreveport, LA 7113071201 POLITICAL COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 1,000.00 |
| POLITICAL COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| POLITICAL COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| POLITICAL COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| POLITICAL COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| POLITICAL COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| POLITICAL COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 4. SUBTOTAL (this page) | | \$1,000.00 | |
| 5. TOTAL (complete only on last page of this schedule) | | \$7,350.00 | |
| 6. CONTRIBUTIONS FROM POLITICAL COMMITTEES ONLY: | | | |
| SUBTOTAL (this page) <u>0.00</u> TOTAL (complete only on last page of this schedule) <u>0.00</u> | | | |

SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES

The following information must be provided for direct contributions made to candidates or their campaign committees, during this reporting period, except for in-kind expenditures. All candidates listed on this schedule should also be listed on the Cover Page in Item 5. Report all in-kind expenditures, including those made to candidates, on SCHEDULE E-2: IN-KIND EXPENDITURES. Totals and subtotals at bottom of the page are optional. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

| 1. Name and Address of Recipient Candidate | 2. Contributions Made this Reporting Period a. Date(s) | b. Amount(s) |
|-------------------------------------------------------------------------|-----------------------------------------------------------|--------------|
| Dan Morrish Campaign Fund 3042 Englewood Drive Jennings, LA 70546 | 7/15/05 | 500.00 |
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| 3. SUBTOTAL (optional) | \$500.00 | |
| 4. TOTAL (optional - complete only on last page of this schedule) | \$500.00 | |